

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 91454684	FILING DATE			
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						1			
2	1						1			
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37	1						1			
38	1						1			
39	1						1			
40	1						1			
41	2						2			
42	2						2			
43	2						2			
44	2						2			
45	1						1			
46	2						2			
47	1						1			
48	1						1			
49	1						1			
50	1						1			
TOTAL IND.							20			
TOTAL DEP.							51			
TOTAL CLAIMS							71			